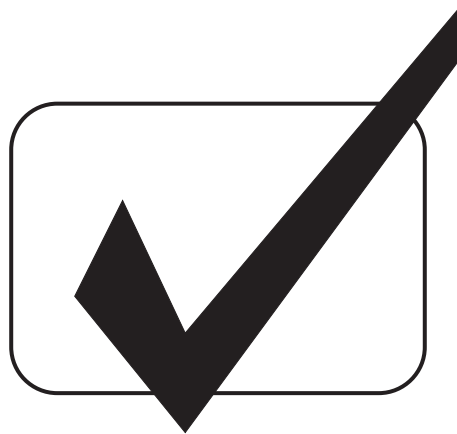


*Chesterfield County*

***SITE PLAN  
APPLICATION  
&  
CHECKLIST***



**Please complete this Application, print it and deliver it with your plans to:**  
**Chesterfield County Planning Department**  
**Corner of Route 10 & Lori Road**  
**Administration Building, Room 203**



Chesterfield County  
Planning Department  
Chesterfield, VA 23832

*Planning to sustain,  
build and enhance  
Chesterfield County*

tel: (804) 748-1050  
fax: (804) 717-6295  
website:  
[www.chesterfield.gov/plan](http://www.chesterfield.gov/plan)

**FOR OFFICE USE ONLY**

Rec'd by \_\_\_\_\_ Case No. \_\_\_\_\_  
Date Rec'd \_\_\_\_\_ Fee Amount \_\_\_\_\_  
Time Rec'd \_\_\_\_\_ Receipt No. \_\_\_\_\_  
Reviewed by \_\_\_\_\_ Anticip. Hearing Date \_\_\_\_\_

**SITE PLAN REVIEW APPLICATION**

(commercial, industrial, multi-family, office and/or institutional)

**APPLICANT TO COMPLETE THE FOLLOWING INFORMATION IN FULL**

Project Name: \_\_\_\_\_

Location: \_\_\_\_\_

Approx. # feet to nearest intersection: \_\_\_\_\_

Enterprise Zone? Yes \_\_\_\_\_ No \_\_\_\_\_

**Reviewed and approved by (check one):**

Director of Planning (A) (Admin. Review)  
Planning Commission (C) (Public Hearing)  
Attached Letter of Designated Authorized  
Representative (required)

**Project Type (check one):**

Agricultural (AG) \_\_\_\_\_ Commercial (C) \_\_\_\_\_  
Industrial (I) \_\_\_\_\_ Multi-Family (MF) \_\_\_\_\_  
Public/Semi-Public (PS) \_\_\_\_\_

**Submittal Type with # of plans required to be  
submitted for review (check one):**

Erosion Control (4)  
Development Standards Waiver (8)  
Landscape Plan (2)  
Minor Site Plan (8)  
Schematic (8)  
Site Plan (13)  
Appeal (no plans)  
Site Plan Adjustment (12) Case# \_\_\_\_\_

**Statistical Summary:**

A. Hotel/motel (Y/N) # of rooms \_\_\_\_\_  
B. Multi-family/condo/mobile home (Y/N) \_\_\_\_\_  
C. # of dwelling units \_\_\_\_\_  
D. Maximum building height in feet \_\_\_\_\_  
E. Number of floors \_\_\_\_\_  
F. Number of buildings \_\_\_\_\_  
G. Total gross bldg. Sq. ft. \_\_\_\_\_  
H. Public water (Yes / No) \_\_\_\_\_  
I. Public sewer (Yes / No) \_\_\_\_\_  
J. Total site acreage \_\_\_\_\_  
K. Total disturbed acreage (base fee on this  
amount) \_\_\_\_\_

**List all related zoning cases & attach copies  
of all approved minutes:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Comments:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**APPLICANT INFORMATION**

**If applicant or others associated with project are not already registered with the planning department, please complete applicant registration form. Previously registered information must be verified for accuracy.**

Applicant One \_\_\_\_\_  
(Owner and/or Developer)  
Applicant Two \_\_\_\_\_  
(Co-Applicant)  
Agent One \_\_\_\_\_  
(Site Design Consultant)  
Agent Two \_\_\_\_\_  
(Attorney or other)

Regist. No. \_\_\_\_\_  
Regist. No. \_\_\_\_\_  
Regist. No. \_\_\_\_\_  
Regist. No. \_\_\_\_\_

# SUBJECT PARCEL INFORMATION

This data can be obtained from the Planning Department.

Tel (804) 748-1050

Fax (804) 717-6295

E-mail: [planning@chesterfield.gov](mailto:planning@chesterfield.gov)

Attach a GIS map showing location(s) of subject parcel(s).

Contact Environmental Engineering at (804) 748-1035.

Submitted with (check one)

Site Plan

Minor Site Plan

## FOR OFFICE USE ONLY

|         |  |                 |              |        |                   |              |                      |           |
|---------|--|-----------------|--------------|--------|-------------------|--------------|----------------------|-----------|
| GPIN    |  | Partial Parcel? | Site Acreage | Zoning | Existing Land Use | Zoning Sheet | Magisterial District | Plan Area |
| Address |  | YES<br>NO       |              |        |                   |              |                      |           |
|         |  |                 |              |        |                   |              |                      |           |
| GPIN    |  | Partial Parcel? | Site Acreage | Zoning | Existing Land Use | Zoning Sheet | Magisterial District | Plan Area |
| Address |  | YES<br>NO       |              |        |                   |              |                      |           |
|         |  |                 |              |        |                   |              |                      |           |
| GPIN    |  | Partial Parcel? | Site Acreage | Zoning | Existing Land Use | Zoning Sheet | Magisterial District | Plan Area |
| Address |  | YES<br>NO       |              |        |                   |              |                      |           |
|         |  |                 |              |        |                   |              |                      |           |
| GPIN    |  | Partial Parcel? | Site Acreage | Zoning | Existing Land Use | Zoning Sheet | Magisterial District | Plan Area |
| Address |  | YES<br>NO       |              |        |                   |              |                      |           |
|         |  |                 |              |        |                   |              |                      |           |
| GPIN    |  | Partial Parcel? | Site Acreage | Zoning | Existing Land Use | Zoning Sheet | Magisterial District | Plan Area |
| Address |  | YES<br>NO       |              |        |                   |              |                      |           |
|         |  |                 |              |        |                   |              |                      |           |
| GPIN    |  | Partial Parcel? | Site Acreage | Zoning | Existing Land Use | Zoning Sheet | Magisterial District | Plan Area |
| Address |  | YES<br>NO       |              |        |                   |              |                      |           |
|         |  |                 |              |        |                   |              |                      |           |
| GPIN    |  | Partial Parcel? | Site Acreage | Zoning | Existing Land Use | Zoning Sheet | Magisterial District | Plan Area |
| Address |  | YES<br>NO       |              |        |                   |              |                      |           |
|         |  |                 |              |        |                   |              |                      |           |
| GPIN    |  | Partial Parcel? | Site Acreage | Zoning | Existing Land Use | Zoning Sheet | Magisterial District | Plan Area |
| Address |  | YES<br>NO       |              |        |                   |              |                      |           |
|         |  |                 |              |        |                   |              |                      |           |
| GPIN    |  | Partial Parcel? | Site Acreage | Zoning | Existing Land Use | Zoning Sheet | Magisterial District | Plan Area |
| Address |  | YES<br>NO       |              |        |                   |              |                      |           |
|         |  |                 |              |        |                   |              |                      |           |

# INVESTIGATION WORKSHEET FOR GRAVES, MEMORIALS AND PLACES OF BURIAL

## SUBMITTED WITH THE FOLLOWING (CHECK ONE)

Site Plan Application

Minor Site Plan Application

Tentative Subdivision Application

Final Check Subdivision Application

Parcel Plat

I have investigated property located at \_\_\_\_\_

And described as \_\_\_\_\_ and \_\_\_\_\_ which is  
(Geographic Parcel Identification Number) (Tax Map Number)

undergoing either site plan or subdivision review by Chesterfield County and find that:

Select One: Graves, objects or structures marking places of burial **exist** on the property.

Graves, object or structures marking places of burial **do not exist** on the property.

This information was verified by (check one or more)

Deed Description

Visual Verification

Soil Borings

Other (specify) \_\_\_\_\_

Any such feature has been identified on the proposed Site Plan or Subdivision Plat and generally is comprised by the following: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

## The following space is for use by the Historical Society

Verified by: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Date: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If you have any questions regarding this form or the level of site investigation required, please telephone the Planning Department at (804) 748-1050 or (804) 717-6295 (fax).

Submitted with (check one):

Site Plan

Minor Site Plan

Subdivision Plan

## **SITE UTILIZATION SURVEY FORM**

**CHESTERFIELD COUNTY  
INDUSTRIAL WASTE PRETREATMENT PROGRAM  
DEPARTMENT OF UTILITIES  
P.O. BOX 608  
CHESTERFIELD COUNTY, VIRGINIA 23832-9998**



**BUSINESS NAME:** \_\_\_\_\_ **ACCOUNT NUMBER:** \_\_\_\_\_

**SERVICE ADDRESS:** \_\_\_\_\_ **SIC CODE #** \_\_\_\_\_  
(Standard Industrial Classification)

**MAILING ADDRESS:** \_\_\_\_\_ **SIC CODE TITLE/DESCRIPTION/GROUP:** \_\_\_\_\_  
(City/County) \_\_\_\_\_ (State) \_\_\_\_\_

**PHONE NUMBER:** (     ) \_\_\_\_\_

### **CERTIFICATION STATEMENT**

I CERTIFY THAT THE INFORMATION PROVIDED IS TRUE AND REPRESENTS, TO THE BEST OF MY KNOWLEDGE, THE INFORMATION REQUESTED. I ALSO ACKNOWLEDGE THAT I AM THE MOST QUALIFIED PERSON ON SITE TO ASSESS THE OPERATIONS OF THIS BUSINESS.

\_\_\_\_\_  
**SIGNATURE**

\_\_\_\_\_  
**TITLE**

\_\_\_\_\_  
**COMPANY NAME**

\_\_\_\_\_  
**DATE**

### **PRINT or TYPE NAME**

| <b>QUESTIONS</b>   | <b>YES<br/>Y</b> | <b>NO<br/>Y</b> |
|--|------------------|-----------------|
| <b>Does the facility utilize Chesterfield County's Sanitary Sewer System?</b><br><b>If YES, please answer the following:</b><br>Average Estimated Daily Wastewater Discharged _____ Gallons/CCF per day<br>(You may write in the CCF total from your most recent water bill in lieu of gallons per day)<br>Total Number of Employees _____ | —                | —               |
| <b>Are hauled waste services utilized at any time of the year?</b><br><b>If yes, please check all that apply:</b><br>Septic Tank _____ Grease Trap _____ Grit Trap _____ Oil/Water Separator _____<br>Other: (describe) _____  | —                | —               |
| <b>Is this facility located in a strip mall or other multi-unit building?</b>  | —                | —               |
| <b>Does your business discharge, or have the potential to discharge, a waste product to the sewer system <i>OTHER THAN</i> normal sanitary wastewater?</b>   | —                | —               |

**5. Provide a brief description of the business(es) at this address. Also, list any operations or processes which may be associated with this address.**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

6. Please list all chemicals and raw materials that are used/stored at the site:(Attach a list if necessary)

| Name of Chemical/Raw Material | Quantity Stored Onsite | Common Use for Chemical at Site |
|-------------------------------|------------------------|---------------------------------|
|                               |                        |                                 |
|                               |                        |                                 |
|                               |                        |                                 |
|                               |                        |                                 |
|                               |                        |                                 |
|                               |                        |                                 |
|                               |                        |                                 |
|                               |                        |                                 |
|                               |                        |                                 |
|                               |                        |                                 |
|                               |                        |                                 |
|                               |                        |                                 |
|                               |                        |                                 |

7. Please check all that apply to the site.

|   |   |   |
|---|---|---|
| <input type="checkbox"/> Aluminum Forming                   | <input type="checkbox"/> Glass Manufacturing                            | <input type="checkbox"/> Petroleum Refining                                   |
| <input type="checkbox"/> Asbestos Manufacturing             | <input type="checkbox"/> Industrial Launderer                           | <input type="checkbox"/> Pesticide Manufacturing                              |
| <input type="checkbox"/> Battery Manufacturing              | <input type="checkbox"/> Ink Formulating                                | <input type="checkbox"/> Pesticide Formulating & Packaging                    |
| <input type="checkbox"/> Builder=s Paper and Board Mills    | <input type="checkbox"/> Inorganic Chemicals                            | <input type="checkbox"/> Pesticide Applying, Storage, Distribution, & Selling |
| <input type="checkbox"/> Carbon Black Manufacturing         | <input type="checkbox"/> Iron & Steel                                   | <input type="checkbox"/> Pharmaceuticals                                      |
| <input type="checkbox"/> Centralized Waste Treatment        | <input type="checkbox"/> Leather Tanning & Finishing                    | <input type="checkbox"/> Photographic Processes                               |
| <input type="checkbox"/> Coal Mining                        | <input type="checkbox"/> Machinery Manufacturing & Rebuilding           | <input type="checkbox"/> Porcelain Enameling                                  |
| <input type="checkbox"/> Coastal Oil & Gas                  | <input type="checkbox"/> Metal Finishing                                | <input type="checkbox"/> Pulp, Paper & Paperboard                             |
| <input type="checkbox"/> Coil Coating                       | <input type="checkbox"/> Metal Molding & Casting                        | <input type="checkbox"/> Rubber Manufacturing                                 |
| <input type="checkbox"/> Can Making                         | <input type="checkbox"/> Nonferrous Metals Forming                      | <input type="checkbox"/> Soap & Detergent Manufacturing                       |
| <input type="checkbox"/> Copper Forming                     | <input type="checkbox"/> Nonferrous Metals Manufacturing                | <input type="checkbox"/> Steam Electric                                       |
| <input type="checkbox"/> Electrical & Electronic Components | <input type="checkbox"/> Onshore/Stripper Oil and Gas                   | <input type="checkbox"/> Timber Products                                      |
| <input type="checkbox"/> Electroplating                     | <input type="checkbox"/> Organic Chemicals, Plastics & Synthetic Fibers | <input type="checkbox"/> Textiles   |
| <input type="checkbox"/> Ferroalloy Manufacturing           | <input type="checkbox"/> Paint Formulating                              | <input type="checkbox"/> Vehicle Washing                                      |
| <input type="checkbox"/> Fertilizer Manufacturing           | <input type="checkbox"/> Paving and Roofing                             |   |
| <b>NATURE OF BUSINESS</b>                                   |   |   |
| <input type="checkbox"/> Manufacturing/Processing           | <input type="checkbox"/> Warehouse/Wholesale Distribution               | <input type="checkbox"/> Packaging/Repackaging                                |
| <input type="checkbox"/> Service Related                    | <input type="checkbox"/> Offices Only                                   | <input type="checkbox"/> Retail   |

Submitted with (check one):

Site Plan

Minor Site Plan

**SIZING WATER SERVICE LINES AND METERS**  
**DEPARTMENT OF UTILITIES CHESTERFIELD COUNTY, VA**

|   |  |                               |   |
|---|--|-------------------------------|---|
| Business Name:  |  | Address of Building:          |   |
| Development Name:   |  | Project Number                | Type of Use _____<br>Map I.D. No. _____ |
| <b>I certify that the information on this form is true and correct.</b> |  |                               |   |
| Applicant Name (Print) _____  |  | Phone # _____                 |   |
| (Signature) _____   |  | (Local Phone # Desired) _____ |   |

\*\*\*\*\*

| PART A                           | Fixture Value | No. of   | Fixture |
|----------------------------------|---------------|----------|---------|
| Fixture                          | 35 psi        | Fixtures | Value   |
| Bathtub                          | 8             | x        | =       |
| Bedpan Washers                   | 10            | x        | =       |
| Combination Sink and Tray        | 3             | x        | =       |
| Dental Unit                      | 1             | x        | =       |
| Dental Lavatory                  | 2             | x        | =       |
| Drinking Fountain - Cooler       | 1             | x        | =       |
| - Public                         | 2             | x        | =       |
| Kitchen Sink - 2" Connection     | 3             | x        | =       |
| - : " Connection                 | 7             | x        | =       |
| Lavatory - d" Connection         | 2             | x        | =       |
| - 2" Connection                  | 4             | x        | =       |
| Laundry Tray - 2" Connection     | 3             | x        | =       |
| - : " Connection                 | 7             | x        | =       |
| Shower Head (Shower Only)        | 4             | x        | =       |
| Service Sink - 2" Connection     | 3             | x        | =       |
| - : " Connection                 | 7             | x        | =       |
| Urinal - Pedestal Flush Valve    | 35            | x        | =       |
| - Wall Flush Valve               | 12            | x        | =       |
| - Trough (2 Ft. Unit)            | 2             | x        | =       |
| Wash Sink (Each Set of Faucets)  | 4             | x        | =       |
| Water Closet - Flush Valve       | 35            | x        | =       |
| - Tank Type                      | 3             | x        | =       |
| Dishwasher - 2" Connection       | 5             | x        | =       |
| - : " Connection                 | 10            | x        | =       |
| Washing Machine - 2" Connection  | 5             | x        | =       |
| - : " Connection                 | 12            | x        | =       |
| - 1" Connection                  | 25            | x        | =       |
| Hose Connection (Wash Down) - 2" | 6             | x        | =       |
| - : "                            | 10            | x        | =       |
| Hose (50 Ft. Wash Down) - 2"     | 6             | x        | =       |
| - e"                             | 9             | x        | =       |
| - : "                            | 12            | x        | =       |

Combined Fixture Value Total =

\*\*\*\*\* - OR - \*\*\*\*\*

|        |  |   |     |
|--------|--|---|-----|
| PART B | (1) Domestic Demand (Verification by County Staff - See Conversion Table)  | = | gpm |
|        | (2) Fixed Demand (To include all demands except for domestic & irrigation) | = | gpm |
|        | (3) Irrigation Demand (From Data Supplied by Site Engineer)                | = | gpm |
|        | (4) Total Demand   | = | gpm |
|        | (5) Meter Size based on Total Demand                                       | = |     |
|        | (Verification by Co. Staff - Use Water Meter Sizing Table)                 | = |     |

\*\*\*\*\*

COUNTY USE ONLY Node No. \_\_\_\_\_ Actual Meter Size \_\_\_\_\_ Virtual Meter Size \_\_\_\_\_  
Sized By \_\_\_\_\_ Date \_\_\_\_\_ Sewer \_\_\_\_\_

**LICENSE AGREEMENT FOR  
CHESTERFIELD COUNTY GIS HARDCOPY MAP PRODUCTS**

This Agreement is made and entered into this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, by and between the COUNTY OF CHESTERFIELD, VIRGINIA, a political subdivision of the Commonwealth of Virginia, hereinafter referred to as "COUNTY" and \_\_\_\_\_, hereinafter referred to as "LICENSEE."

WHEREAS, the COUNTY has printed maps describing the physical characteristics, jurisdictions, divisions, and subdivisions of Chesterfield County, hereinafter referred to as 'GIS Maps.'

WHEREAS, the LICENSEE desires to obtain a limited license to copy certain GIS Maps upon the terms and conditions hereinafter set forth:

NOW, THEREFORE, in consideration of the payment noted in Addendum I and the mutual covenants contained herein, the LICENSEE and the COUNTY hereby agree as follows:

1. **LICENSE.**



A.The COUNTY hereby grants to the LICENSEE a  
nontransferable and nonexclusive right to copy  
the GIS Map entitled:

Tax Map Number: \_\_\_\_\_

OR

GPIN Number: \_\_\_\_\_

Tax Map Centered on coordinates:

\_\_\_\_\_

County Wall Map Titled: \_\_\_\_\_

Date Produced: \_\_\_\_\_

Purchased on \_\_\_\_\_ day of \_\_\_\_\_,  
20\_\_\_\_, for a fee noted on Addendum I.

B.The LICENSEE agrees not to alter or  
misrepresent map symbology.

C.The LICENSEE must print the following statement  
adjacent to the map or portion of map copied  
from the original:

Copyright 1997 Chesterfield County,  
Virginia, Department of Environmental  
Engineering, P. O. Box 40, Chesterfield,  
Virginia 23832. The information on this  
publication may not be copied or reproduced  
in any form without permission in writing  
from the copyright owner.

Every effort has been made to verify the  
information contained in this publication.  
The County assumes no liability for damages  
arising from errors or omissions. Users

are urged to notify Chesterfield County of inconsistencies so that corrections can be made in future publications. Phone (804) 748-1035 or write to Chesterfield County Department of Environmental Engineering, P. O. Box 40, Chesterfield, Virginia 23832.

FOR THE LICENSEE:

FOR CHESTERFIELD COUNTY:

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Title: \_\_\_\_\_

Institution Name:

---

Signature: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Date: \_\_\_\_\_

License Agreement

# APPLICATION FEE CALCULATION SHEET

| APPLICATION REQUEST                               |                 | FEE AMOUNT |  |
|---|-----------------|------------|--|
| <b>TYPE:</b>                                      | <b>BASE FEE</b> |            |  |
| Zoning or Disturbed Acreage _____ X \$ _____.____ |                 |            |  |
| # of Subdivision Lots _____ X \$ _____.____       |                 |            |  |
| <b>TYPE:</b>                                      | <b>BASE FEE</b> |            |  |
| Zoning or Disturbed Acreage _____ X \$ _____.____ |                 |            |  |
| # of Subdivision Lots _____ X \$ _____.____       |                 |            |  |
| <b>TYPE:</b>                                      | <b>BASE FEE</b> |            |  |
| Zoning or Disturbed Acreage _____ X \$ _____.____ |                 |            |  |
| # of Subdivision Lots _____ X \$ _____.____       |                 |            |  |
| <b>GENERAL NOTES:</b>                             |                 |            |  |
|   |                 |            |  |
| <b>TOTAL AMOUNT</b>                               |                 |            |  |

Please make check payable to: **Treasurer of Chesterfield County**



Submitted with (check one):  
Site Plan Application  
Minor Site Plan Application  
Subdivision Plan Application

## CHESTERFIELD COUNTY

### REGISTRATION FORM for APPLICANT or AGENT

Client # \_\_\_\_\_

OFFICE USE ONLY

Registration Code (check one):

Developer

or

Agent (Select type):

Engineer

Surveyor

Lawyer

Landscape Architect

Other

Individual or Business Name \_\_\_\_\_

Contact Person (if business name listed above) \_\_\_\_\_

Fax Number (\_\_\_\_\_) \_\_\_\_\_ E-Mail \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Area Code (\_\_\_\_\_) Phone Number (H) \_\_\_\_\_ (W) \_\_\_\_\_

Mailing Address (if different from address listed above) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

**Please complete the above form, print and submit it to the  
Chesterfield County Planning Department. Thank you.**

## SUBMITTAL CHECKLIST

ALL OF THE ITEMS LISTED BELOW MUST BE PROVIDED in order for your plans to be accepted for review. Please complete, print your name at the bottom and provide your telephone number. Please telephone the Planning Department at 748-1050 if you have any questions.

| <u>ITEM NUMBER</u>              |  | <u>SHEET</u>                    |            |                      |   |                      |           |  |
|---------------------------------|--|---------------------------------|------------|----------------------|---|----------------------|-----------|--|
| 1.                              | Project Name (on cover sheet & in title block of all sheets)   | _____                           |            |                      |   |                      |           |  |
| 2.                              | Geographic Parcel Identification Number(s) (GPIN)<br>(shown on the title sheet & layout/site plan sheet)   | _____                           |            |                      |   |                      |           |  |
| 3.                              | Name, street address, phone & fax number of the developer<br>owner/agent shown on the title sheet & layout sheet.<br>The same information is needed for the person preparing the plan.   | _____                           |            |                      |   |                      |           |  |
| 4.                              | Location Map shown on the title sheet & layout sheet and shall be<br>correct and clear.  | _____                           |            |                      |   |                      |           |  |
| 5.                              | Zoning of all adjacent properties shown on the layout sheet.   | _____                           |            |                      |   |                      |           |  |
| 6.                              | On site plan applications, and on the site plan, list the zoning of<br>the property and all zoning, variance, substantial accord, and other<br>cases that pertain to the site must be shown. Also, label which<br>development district the site is in: Emerging Growth, Post<br>Development, Jefferson Davis Corridor, Village District or<br>other district.                                      | _____                           |            |                      |   |                      |           |  |
| 7.                              | List on the site plan the existing/proposed uses in the building and/or site.  | _____                           |            |                      |   |                      |           |  |
| 8.                              | An erosion and sediment control program administration fee must be<br>included as follows:   |                                 |            |                      |   |                      |           |  |
|                                 | <table style="width: 100%; border: none;"> <thead> <tr> <th style="text-align: left; width: 50%;"><u>Area of Land Disturbance</u></th> <th style="text-align: left; width: 50%;"><u>Fee</u></th> </tr> </thead> <tbody> <tr> <td>10,000 SF or greater</td> <td>\$1360.00 plus \$60<br/>per disturbed acre</td> </tr> <tr> <td>2,500 SF to 9,000 SF</td> <td>\$ 100.00</td> </tr> </tbody> </table> | <u>Area of Land Disturbance</u> | <u>Fee</u> | 10,000 SF or greater | \$1360.00 plus \$60<br>per disturbed acre | 2,500 SF to 9,000 SF | \$ 100.00 |  |
| <u>Area of Land Disturbance</u> | <u>Fee</u>   |                                 |            |                      |   |                      |           |  |
| 10,000 SF or greater            | \$1360.00 plus \$60<br>per disturbed acre  |                                 |            |                      |   |                      |           |  |
| 2,500 SF to 9,000 SF            | \$ 100.00  |                                 |            |                      |   |                      |           |  |
| 9.                              | The plans must bear a signed certification seal of a professional<br>engineer, certified land surveyor, or architect with original signature<br>and dated on cover.  | _____                           |            |                      |   |                      |           |  |

| <b><u>ITEM NUMBER</u></b>   | <b><u>SHEET</u></b> |
|---|---------------------|
| 10. A minimum 2-phase erosion & sediment control plan must be provided with construction narrative & erosion control details.   | _____               |
| 11. A drainage area map is required for all on-site or off-site drainage areas. (Maximum scale of 1"=200')  | _____               |
| 12. Existing and proposed grading contours must be provided on the plan and must have their elevations clearly labeled.   |                     |
| 13. Calculations must be submitted to support the design of all proposed culverts, open ditches, drop inlets, and storm sewers on VDOT standard calculation sheets.   |                     |
| 14. Profiles must be shown for all proposed storm sewer and outfall channels.   | _____               |
| 15. A highly visible note must be provided on the first sheet showing how compliance with the Chesapeake Bay Preservation Ordinance has been accomplished. If compliance has been achieved through the opt-out procedure, the name of the person who performed the CBPA Opt-Out and date of the approval must be shown. | _____               |
| 16. A data map must be submitted which outlines all drainage areas, impervious areas (existing and proposed), RPA and RMA limits, etc. which were used in determining compliance with the Chesapeake Bay Preservation Ordinance.  | _____               |
| 17. If public water and/or sewer are to be used, the plan must clearly depict the location and alignment of all proposed lines and how they will connect to the existing utility system.  | _____               |
| 18. Profiles must be shown for all proposed public water and/or sewer line extension.   | _____               |
| 19. Show required and proposed parking calculations based upon parking requirements listed in the Zoning Ordinance.   | _____               |
| 20. Provide ISO calculations on plans.  | <b>_____</b>        |
| 21. A site plan review fee must be included based upon the following:<br>\$860.00 + \$60.00 per disturbed acre (non-residential uses)<br>\$1,400.00 + \$90 per disturbed acre (residential uses)  | _____               |

- 22. Submit completed copy of the VDOT Pre-construction Checklist including consultant's signature. \_\_\_\_\_
- 23. Submit completed copy of the VDOT Site Construction Plan Checklist including consultant's signature. \_\_\_\_\_
- 24. Thirteen (13) FOLDED sets of plans. \_\_\_\_\_
- 25. Applications that are to be heard by the Planning Commission require an 8 ½" X 11" or 8 ½" X 14" reduction copy of the site plan for staff reports. \_\_\_\_\_

\_\_\_\_\_  
Applicant's Name

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Consultant's Name

\_\_\_\_\_  
Phone Number

You can assist the Planning Department front counter staff and speed up acceptance of your plans if you bring a GIS map from Environmental Engineering with your site centered on the map. The cost of \$1.00. For your own use, you can also get these GIS maps with existing water, sewer and fire hydrant information for \$2.00 a map. Topography on the GIS maps cost \$12.00 (with water, sewer and fire hydrants included).

REV: October 26, 2004 (jab)



Submitted with (check one):  
 Site Plan Application  
 Minor Site Plan Application  
 Subdivision Plan Application

## SUBDIVISION AND SITE CONSTRUCTION PLAN SUBMITTAL CHECKLIST CHESTERFIELD COUNTY

**CHESTERFIELD RESIDENCY**

**PROJECT NAME** \_\_\_\_\_ **DATE** \_\_\_\_\_  
**DEVELOPER/OWNER** \_\_\_\_\_ **TELEPHONE** \_\_\_\_\_  
**ADDRESS** \_\_\_\_\_ **ZIP** \_\_\_\_\_

### GENERAL INFORMATION

| PLAN SHEET TO INCLUDE: |   | YES | NO | COMMENTS |
|------------------------|---|-----|----|----------|
| 1.                     | Project Name. Owner/Developer name, address, telephone and fax number.  |     |    |          |
| 2.                     | Date of plan.   |     |    |          |
| 3.                     | Standard cover sheet with surveying & mapping control information. Vicinity map (1" = 2000') & title block information section completed. |     |    |          |
| 4.                     | North arrow, designation of north orientation, match lines, scale & sheet numbers for each sheet.   |     |    |          |
| 5.                     | Seal & signature of registered professional engineer or land surveyor on each sheet..   |     |    |          |
| 6.                     | Total acreage, current zoning & proposed zoning by acres.   |     |    |          |
| 7.                     | Adjacent parcel identification: tax map reference numbers, owners names, & present zoning/use of all abutting parcels.                    |     |    |          |
| 8.                     | Date of tentative approval with case number.  |     |    |          |
| 9.                     | Master plan (all phases or proposed sections).  |     |    |          |
| 10.                    | Complete site layout: sequential numbering & size (in sq. ft.) of each proposed lot and/or unit.  |     |    |          |
| 11.                    | State route numbers & names on all existing streets to which connections are to be made.  |     |    |          |
| 12.                    | All proposed street names.  |     |    |          |
| 13.                    | Right-of-way lines, width, centerline (stationed at 100' intervals) limits of construction & pavement width or back of curb width.        |     |    |          |
| 14.                    | General notes explaining details of plan.   |     |    |          |



**PROJECT NAME** \_\_\_\_\_

| <b>GENERAL INFORMATION (CONTINUED)</b> |   |            |           |                 |
|--|---|------------|-----------|-----------------|
| <b>PLAN SHEET TO INCLUDE:</b>          |   | <b>YES</b> | <b>NO</b> | <b>COMMENTS</b> |
| 15.                                    | Existing and/or proposed dams, detention basins & any extrinsic structures.   |            |           |                 |
| 16.                                    | Grading plan: existing contours, proposed contours, finished floor elevations, design layout for drainage system.   |            |           |                 |
| 17.                                    | Legend detailing graphic descriptions for all Road items, drainage & utility items shown.                           |            |           |                 |
| 18.                                    | Any zoning waivers, variances, proffers and/or imposed conditions for the project submitted with the plans.         |            |           |                 |
| 19.                                    | Written description of all plan revisions shall accompany all revised plans submitted for re-evaluation & approval. |            |           |                 |

| <b>GEOMETRICS</b>             |  |            |           |                 |
|-------------------------------|--|------------|-----------|-----------------|
| <b>PLAN SHEET TO INCLUDE:</b> |  | <b>YES</b> | <b>NO</b> | <b>COMMENTS</b> |
| 1.                            | Location of project entrance & distance measured to nearest intersection of state route or crossovers for field verification of sight distance.  |            |           |                 |
| 2.                            | Existing entrance, street connections, crossovers, etc., located along state route that may be affected by the development.  |            |           |                 |
| 3.                            | Existing and proposed rights-of-way, width & route number.   |            |           |                 |
| 4.                            | Centerline curve data: delta, radius, arc length, chord & tangent, stationing at intersections, PC's, PT's, etc.   |            |           |                 |
| 5.                            | Actual line & length of horizontal and vertical sight distance at street intersections & any sight distance easements which may be required. A profile is required.                                    |            |           |                 |
| 6.                            | Depending on method of stormwater conveyance, either radius of all curb returns to back of curb or fillet radius to edge of pavement. Label entrance standard CG-11 and any curb and gutter standards. |            |           |                 |
| 7.                            | Proposed building location, use sq. footages & offset distance to property lines (sites only).   |            |           |                 |
| 8.                            | All temporary turnaround construction & easements as indicated on the preliminary plans (including radii).   |            |           |                 |
| 9.                            | All proposed property frontage & intersection improvements within the right-of-way.  |            |           |                 |
| 10.                           | Complete dimensions of existing & proposed deceleration, left & right turn storage lanes.  |            |           |                 |
| 11.                           | Road classification schedule with pavement designs.  |            |           |                 |
| 12.                           | Complete typical sections based on Road classifications.   |            |           |                 |
| 13.                           | Guardrail where required.  |            |           |                 |
| 14.                           | CG-12 where required.  |            |           |                 |

**PROJECT NAME** \_\_\_\_\_

| <b>PROFILE AND GRADE</b>      |   |            |           |                 |
|-------------------------------|---|------------|-----------|-----------------|
| <b>PLAN SHEET TO INCLUDE:</b> |   | <b>YES</b> | <b>NO</b> | <b>COMMENTS</b> |
| 1.                            | Existing ground line at centerline, left & right (along edge of Right-of-way).  |            |           |                 |
| 2.                            | Finished grade line for mainline & connections.<br>a. Percent of grade, change of grade elevations (PVI) & length of curves.<br>b. Finished grade elevations (50' tangent, 25' curve) & at intersections, PC's, PT's, PVC's, PVT's, etc.<br>c. Complete stationing at intersections, PC's, PT's, PVC's, PVT's, etc.<br>d. Street names.<br>e. "K" values used for determining minimum sag lengths.<br>f. Vertical sight distance for crests.<br>g. Actual line & length of vertical sight distance at street intersections. |            |           |                 |

| <b>EROSION CONTROL</b> |  |            |           |                 |
|------------------------|--|------------|-----------|-----------------|
|                        | <b>PLAN SHEET TO INCLUDE:</b>  | <b>YES</b> | <b>NO</b> | <b>COMMENTS</b> |
| 1.                     | Erosion control plan when disturbing over 10,000 sq. ft. within existing VDOT right-of-way.  |            |           |                 |
| 2.                     | Location of temporary construction entrance(s) accessing state maintained right-of-way.  |            |           |                 |
| 3.                     | Reference to the required establishment of a temporary vegetative cover on all denuded areas within right-of-way that are not to be fine graded for periods longer than 30 days. |            |           |                 |

## HYDRAULICS

| PLAN SHEET TO INCLUDE |   | YES | NO | COMMENTS |
|-----------------------|---|-----|----|----------|
| 1.                    | Detailed drainage area map defining corresponding sub-areas used for computations showing centerline stationing at 100' intervals, intersections, PC's, PT's, etc., & the proposed storm sewer layout.  |     |    |          |
| 2.                    | Reference to the hydrologic methodology used including supporting data used in computation of "Q".<br>a) The listed coefficients or "C" values.<br>b) Computations of weighted coefficients "C <sub>w</sub> ".  |     |    |          |
| 3.                    | Complete design computations per the following criteria:<br>a) Culverts & closed storm sewer system design capacity for 10-year or 25-year & also capacity computation for 100-year.<br>b) Cross-culverts computations showing sizes, end treatments, length, skewed angles, type of pipe, design cover, invert in & out elevations, outlet velocity. The pertinent calculated information incidental to the design of the culvert shall be tabulated on VDOT standard form LD-269, "Culvert Design Computation."<br>c) Closed storm sewer system include size, velocity, capacity, actual design Q's, length & slope of the pipes, the invert in & out elevations. Pertinent calculated information incidental to the design of the pipeline shall be tabulated on VDOT standard form LD-229, "Storm Sewer Design Computations."<br>d) Curb drop inlet spread shall determine the spacing of inlets for a rainfall intensity of 4.0 inches per hour. Include approach spread at sag inlets; spread lengths, depth of water, length on the inlet & height of the inlet slots. 100-year check storm for all sag inlets.<br>e) Hydraulic grade lines or water surface profile include water surface elevations vs. rim elevations. The H.G.L. for storm sewer systems shall be tabulated on VDOT standard form LD-347 for 10-year & 100-year storms, when involved with a designated 100-year flood plain.<br>f) Open channel computation for 2-year frequency is to be used for determining the need, type & dimensions of special ditch lining for erosion. 10-year frequency shall provide sufficient hydraulic capacity of the channel. Include MS-19 calculations for adequacy of existing channel, as stated in the <u>VA. Erosion &amp; Sediment Control Handbook</u> .<br>g) Include supporting computations for all special design structures such as special design endwalls, inlet, flumes, energy dissipaters, channels, etc. |     |    |          |
| 4.                    | Detailed description of all proposed storm sewer structures.  |     |    |          |
| 5.                    | Graphic details for all non-standard drainage facilities.   |     |    |          |
| 6.                    | Directions of drainage flow for streets, storm sewer, valley gutters, subdrains, etc.   |     |    |          |
| 7.                    | Field location for all natural watercourses or drainageways affected by construction, including direction of flow.  |     |    |          |
| 8.                    | All existing storm drainage systems in plan & profile views.  |     |    |          |

PROJECT NAME \_\_\_\_\_

| HYDRAULICS (CONTINUED) |  |     |    |          |
|------------------------|--|-----|----|----------|
| PLAN SHEET TO INCLUDE  |  | YES | NO | COMMENTS |
| 9.                     | Field located limits of 100-year flood zones & backwater inundation.   |     |    |          |
| 10.                    | Existing and/or proposed VDOT drainage easements dimensional & labeled.  |     |    |          |
| 11.                    | Driveway entrance culvert sizing computations for each lot.  |     |    |          |
| 12.                    | Show all types of required underdrains with outlet locations clearly identified and defined.<br>A. CD-1 required for fill to cut transition.<br>B. CD-2 required for sag situations<br>C. All CD's shall be connected to nearest outfalls. UD-4's may be required to make connection to nearest drop inlet.<br>D. UD-4 or UD-5 required for all medians.<br>E. UD-4 edge drains on roadways with design ADT of 1,000 vehicles per day or greater.<br>F. EW-12 required for all outfalls to ditchlines. |     |    |          |

| UTILITIES              |   |     |    |          |
|------------------------|---|-----|----|----------|
| PLAN SHEET TO INCLUDE: |   | YES | NO | COMMENTS |
| 1.                     | Alignment & dimensioned location of all existing utilities within limits of existing & proposed right-of-way.                       |     |    |          |
| 2.                     | Alignment & dimensioned location of all proposed utilities to be constructed within the limits of existing & proposed right-of-way. |     |    |          |
| 3.                     | Existing & proposed easements, width & use.   |     |    |          |
| 4.                     | Details showing method of tie-ins within existing right-of-way.   |     |    |          |
| 5.                     | Details showing required relocations within existing right-of-way.  |     |    |          |

| PERMIT WORKZONE        |  |     |    |          |
|------------------------|--|-----|----|----------|
| PLAN SHEET TO INCLUDE: |  | YES | NO | COMMENTS |
| 1.                     | Detailed work area protection layout, to include a construction sequencing/maintenance of traffic narrative for all construction activities within state maintained right-of-way.. |     |    |          |

**Notes:**

1. The developer is responsible for supplying sufficient information for the Department to determine entrance & road design features to adequately serve the existing roadway & the proposed development.
2. Subdivision plans shall be designed in accordance with VDOT's Subdivision Street Requirements and Road Design Manual.
3. All commercial entrances must meet VDOT standards & specifications as designated in Minimum Standards of Entrance To State Highway.
4. The submission is to include 2 copies of the plans for review. An additional copy of the plans is required once final approval is received.
5. A detailed explanation for all "no" answers if required information is not included in the site plan.

**CERTIFICATION**

I certify that the above stated information is included in the attached plans.

---

Engineer's Signature

---

Date



**CHESTERFIELD COUNTY  
PLANNING DEPARTMENT  
(804) 748-1050  
<http://www.chesterfield.gov>**

**DEV. PLAN REVIEW  
PUBLIC HEARINGS AUDIO/VISUAL AIDS**

If you plan to present graphic or audio material to the Commission or Board at a public hearing, it is suggested that the material be provided in a form that is easily viewed by those watching on television as well as at the meeting. We offer the following suggestions:

- If you plan to bring a videotape or Power Point presentation, contact Greg Allen at 748-1072 or David Hainley at 748-1967 in the Planning Department a few days prior to the public hearing to make arrangements.
- Prior to the beginning of the public hearing, advise a staff member that you will be presenting audio/visual information.
- Do not bring materials mounted on large boards
- Provide twenty (20) 8½ X 11 copies to the Administrative Secretary for distribution to individual members and to display on an opaque projector.
- Remember that typed information may be difficult to read, so make the font large and dark.
- 35mm slides should be mounted in a Kodak slide carousel. If you do not have a carousel, contact the Planning Department for assistance.

If you have any questions, please contact a staff member prior to the public hearing.